

INDEPENDENT ADOPTION PLACEMENT AGREEMENT (INDIAN CHILD)

Note to birth parent: This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the adopting parents named below to adopt your child.

BIRTH PARENT SECTION:

I, the undersigned, being the parent of _____, a male/female child born on _____ at _____, place said child with _____ for the purpose of independent adoption. I understand

that I may revoke this Independent Adoption Placement Agreement only before the decree of adoption is signed. I further understand that with the signing of the order of adoption by the court I shall give up all my rights of custody, services, and earnings of said child and I may not reclaim said child.

I was advised of my rights in the independent adoption process on _____. These rights are summarized on the attached Statement of Understanding which I have read and signed. _____ DATE

The person or persons named above have my permission to care for this child in his/her/their home.

The person or persons named above have my permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I have decided to place my child for adoption with the person or persons named above, and I am signing this freely and willingly.

SIGNATURE OF MOTHER	DATE SIGNED	SIGNATURE OF FATHER	DATE SIGNED

ADOPTING PARENT SECTION:

I, the above adopting parent(s), accept the placement of _____ CHILD'S NAME
by _____ into my home with the intent of adoption.
BIRTH PARENT(S)

I agree to file a petition to adopt this child with the superior court in _____ County, the county where I reside, within ten working days after signing this agreement.

I agree that if, before the decree of adoption is signed, the birth parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I shall immediately return the child to the custody of the birth parent(s) who placed the child with me.

I agree that until the adoption is granted by the court:

- A. I shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.
- B. I shall not take the child from the county named above for a period of more than 30 days without the approval of the court. I understand that the court may issue an order which prevents me from taking the child out of the county at all.
- C. I shall not conceal the child from the placing parent, the investigating adoption agency, or the court.
- D. I shall inform the agency of changes in my family or place of residence.
- E. I shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I have been informed of the basic health and social history of the birth parents.

SIGNATURE OF ADOPTING MOTHER	DATE SIGNED	SIGNATURE OF ADOPTING FATHER	DATE SIGNED

ADOPTION SERVICE PROVIDER SECTION:

I have advised the birth parent(s) as required by Family Code Section 8801.5.

- ☐ This advisement occurred at least ten days before the signing of this agreement. or
- ☐ Due to the following exigent circumstances, the advisement occurred fewer than ten days before the signing of this agreement:

Based on the residence of the adoptive parent(s), the name, address, and telephone number of the adoption agency which will investigate this proposed independent adoption is:

I, _____, have witnessed the signing of this Independent Adoption Placement Agreement
by _____ on _____ at _____, _____
PLACING PARENT(S) DATE CITY AND STATE WHERE SIGNED
and _____ on _____ at _____
PROSPECTIVE ADOPTIVE PARENT(S) DATE
_____, _____
CITY AND STATE WHERE SIGNED

I am:

- ☐ A representative of _____, a California licensed private adoption agency.
- ☐ An individual California adoption service provider.
- ☐ A representative of _____, an adoption agency licensed or otherwise approved under the laws of the state of _____, the state where the adoption placement agreement is being signed.
- ☐ An individual licensed or otherwise certified as a clinical social worker under the laws of _____ the state where the adoption placement agreement is being signed.
- ☐ Independent counsel for the birth parent.

SIGNATURE OF AGENCY REPRESENTATIVE OR INDIVIDUAL ADOPTION SERVICE PROVIDER

DATE

CERTIFICATION

The terms and consequences of the voluntary signing of the consent, including the right to withdraw the consent prior to the signing of the decree of adoption, were fully explained to the parent(s) of this Indian child by the agency representative or individual adoption service provider whose signature is affixed above, in my presence, and in a language understood by the parent(s).

SIGNATURE OF JUDGE

NAME OF COURT OF JURISDICTION

DATE